



Summer Camp Registraion Form



Parent or Adult participants' name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Participants Name:	Age/School Yr	Participating Weeks	T-shirt size	Fee
Total Fee				

☐ Cash

☐ Check #: _____

Method of Payment All major Credit Cards accepted Make Checks payable to:

Credit Card #: _____ Expiration date: _____

Cardholder's Signature: _____

Mail or Drop off at:
2731 Oak Street, Fort Myers Fl, 33931

Phone or Fax in (credit card only)
239-765-4222 Fax: (239) -765-6445